FORM

## Alabama Department of Revenue Fiduciary Income Tax Return

1997

For the calendar year 199	7 or fiscal year beginning		, 1997, and	l ending			, 19			
RECEIVING STAMP	Employer Identification Number					DO N	NOT WRITE IN	THIS SP	ACE	
						Comp _	R	ev		
	Name of Estate or Trust					Date				
						Add'l Ta				
	Name and Title of Fiduciary					Interest				
						Total Ac				
	Address of Fiduciary (number and street)									
	City, State, and Zip Code					_				
IMPORTANT	City, State, and Zip Code									
PLEASE GIVE ALL						_				
INFORMATION REQUESTED	∫	Return	☐ Fin	al Return						
Date of creation of trust or dece	edent's death				Chec	k Whether [	ESTATE	or $\square$ -	TRUST	
If a Trust, state whether $\square$ Re					Return Filed on					
	ge 2, Part I, line 23 (Complete schedule	es must he attached	()			1		7 1001 001		
	-					2				
2 TOTAL DEDUCTIONS from page 2, Part III, line 5 (Complete schedules must be attached)										
	e to Beneficiaries (List names and add	,				4				
	IARY (Subtract line 4 from line 3)	·				5				
	ee instructions)					6		1,500	00	
7 AMOUNT TAXABLE (Sul	btract line 6 from line 5)   Check he	ere if Net Operating	Loss applies	and				·		
attach Form NOL-F85A						7				
	- COMPUTATI	ON OF TAX –								
	at 2 percent (On first \$500, or fraction thereof, of amount taxable)									
9 \$	at 4 percent (On next \$2,500, or					9				
10 \$ at 5 percent (On all over \$3,000 of amount taxable)										
	of lines 8, 9, and 10)				11					
12 Credits: a Income tax pa	imitations)	12a								
<b>b</b> Capital Credit	(See instructions for limitations)		12b			-				
	with Form 4868A					40				
	n, 12b, and 12c)					13				
14 NET TAX DUE (Subtract line 13 from line 11) PAY THIS AMOUNT IN FULL WITH RETURN										
13 NET REFUND (II IIII 13 I	s larger than line 11, enter overpaymer	► CN				15				
RENEFICIARIES	S' SHARES OF INCOME	CN					(F	or official u	se only)	
DENEI IOIANIEO	OTTAKES OF INSOME						,		,,	
					Distributi	ve Share of N	Share of Net Income Reported on line 4			
						Iontaxable	· · · · · · · · · · · · · · · · · · ·			
Name	Address	City and State	Soci	al Security Number	I	o Nonresident		Income		
a										
b										
С										
d										
е										
<u>f</u>										
<u>g</u>										
	eneficiaries (add lines a through g, colu	· · · · · · · · · · · · · · · · · · ·								
	filed with the Alabama Department of									
	ne Alabama Department of Revenue, led on or before the 15th day of the fou				gomery, AL 30	0132-7440, (	of before i	Арпі тә	, 1990.	
	<u> </u>				nd statements a	nd to the best	t of my knowlod	go and h	oliof	
Please they a	re true, correct, and complete. Declaration of							ye anu D	CIICI	
Sign	,	•	1	I	'					
Here Signatu	re of fiduciary or officer representing fiduciary		Date	Daytim	ne Telephone No.		Social Secur	ity Numbe	r	
			Date	Date		P	Preparer's Social S			
Paid Prepare signatu					Check if self-employed					
Preparer's Firm's r	name (or yours,			I	E.I. No.		:	_ <del>:</del>		
Use Only if self-e	mployed) ————————————————————————————————————				ZIP Code					

	ART I – Income DEND INCOME (List Payers and Am	ounts)											
										1			
										-			
	Total Income from Dividends			<u></u>					▶	1			
INTE	EREST INCOME (List Payers and Am	ounts)			EXEMPT			TAXABLE		-			
	Total Taxable Income from Interest			<u></u>					▶	2			+
3 Kind of Property		4 Date	5 Amount	6 Depreciation		7 Cost or		8 Subsequent					
		Acquired	Received	AI	lowable Since Acquisition	Ot	ner Basis	Improver	nents				
				_						-			
				_									
	Totals												
	Net Profit or (Loss) (Sum of columns 5  DME FROM RENTS AND ROYALTIES		nns 7 and 8)	<u></u>					▶	10			+-
11		,	12 Amount of	13 [	Depreciation	14 R	enairs	<b>15</b> _ Othe	r				
	Kind and Location of Property		Rent or Royalty		or Depletion plain in Part II)	(Attach	Itemized List)	Expens (Attach Itemi	ses zed List)				
				+						-			
				+						-			
	Totals												
	Net Profit or (Loss) (Column 12 less s								<b>&gt;</b>	17			+
10	Income from Partnerships (Name and	Address)							<b>-</b> ▶	18	1		
19	19 Income from Other Fiduciaries (Name and Address)												
20	Dusings Income (Attack conv. of Fod	aval Cabadula C)	(Coo in atmostiana						_	19			+
<ul> <li>20 Business Income (Attach copy of Federal Schedule C) (See instructions)</li> <li>21 Farm Income (Attach copy of Federal Schedule F) (See instructions)</li> </ul>									20			+	
	Income from Other Sources (State na	, ,	•							22			
23	TOTAL INCOME OR (LOSS) (Add line			,						22			
P	Enter here and on page 1, line 1  ART II – Explanation of Deduc	ction For Dep	reciation Cla	imed	n Part I. C	olumi	า 13		· · · · · ·	23			
1	Kind of Property (if buildings, mate	-	2	3	Cost or	4 Dep	preciation owed (or	5 Method	d of	6	Rate (%)	7 Depreci	intion
of which constructed). Exclude land and other nondepreciable property.				'	Other Basis		wable) in or Years	Computing Depreciation		Of	r Life (Years)	for This	
				_		1				-		+	
В	ADTIII Deductions Bereille de	dustinus and state to			was deal liet de	describeration of					41-1		
	ART III — Deductions Describe dec EREST PAID	ductions and state to	wnom paid. ir more	space is				SSES (Atta					
					3a Enter the amount from Form 4684								
				_				n: Enter 10% of Form 41, line					+
				+	3c Allowable Loss (Subtract line 3b from If zero or less, enter zero				•				
								instructions		_	)		
					⊣		-	6 limitation.					_
1	Total Interest	<b>)</b>		+	4b Enter		•	e 1 from 4a)		∵			+
	ES PAID (See instructions)		-		If zero	or less,	enter zero						$\perp$
							-	to 2% limita	ation .				<del>                                     </del>
			+	+	4e Total (								
					<del></del>		nes 1, 2, 3			_			+
2	Total Taxes	<b>&gt;</b>	·		Enter	here and	d on page	1, line 2					